

# TRIPURA GAZETTE



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## EXTRAORDINARY ISSUE

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PART--I-- Orders and Notifications by the Government of Tripura,  
The High Court, Government Treasury etc.

### GOVERNMENT OF TRIPURA HEALTH & FAMILY WELFARE DEPARTMENT

No.F.2(1-208)-MS/ESTT/2022

Dated, Agartala the 31st May, 2023.

#### NOTIFICATION

In exercise of the powers conferred by the proviso to the Article 309 of the Constitution and in supersession of the existing Recruitment rules for the post mentioned herein, the Governor, Tripura hereby makes the following rules regulating the method of recruitment to the post of Optometrist under the Health & Family Welfare Department, namely :-

1. Short title and commencement :-

- (i) These rules may be called the Recruitment Rules for Optometrist under the Health & Family Welfare Department, Government of Tripura ;
- (ii) They shall come into force on and from the date of their publication in the Official Gazette.

2. The name of the post shall be as specified in Sl. No. 1 of the Schedule annexed hereto.

3. Number, classification and scale of pay :-

The number of the said post, its classification and the scale of pay attached thereto shall be as specified in Sl. No. 2 to 4 of the Schedule annexed hereto.

4. Method of recruitment, age limit, qualification etc. :-

The method of recruitment to the said post, age limits, qualifications and other matters relating to the said post shall be as specified in Sl. No. 5 to 14 of the said Schedule.

5. Disqualification :-

- No person – (a) who has entered into or contracted a marriage with a person having spouse living ; or  
(b) who having a spouse living, has entered into or contracted a marriage with any person, shall be eligible for appointment to the said post.

Provided that the State Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

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**6. Power to relax :-**

Where the State Government is of the opinion that it is necessary or expedient so to do, it may, by order, for reasons to be recorded in the writing, relax any of the provisions of these rules with respect to any class or category of persons.

**7. Repeal :-** The Recruitment Rules for the post of Optometrist existing in the Department are hereby repealed with immediate effect and are replaced by these Recruitment Rules.

**8. Savings :-**

Nothing in these rules shall affect reservations, relaxation of age limit and other concessions required to be provided for the Scheduled Castes, the Scheduled Tribes, Ex-Servicemen and other special categories of persons in accordance with the Orders issued by the State Government from time to time in this regard.

**9.** This Notification is issued as per the provisions of the Memorandum of the GA (P&T) Deptt., Govt. of Tripura, issued vide No. F.20(1)-GA(P&T)/18, dated 2<sup>nd</sup> Jan 2021, and the subsequent Notifications of even no. Dated 17<sup>th</sup> February, 2021.

By order of the Governor

  
Under Secretary to the  
Government of Tripura

SCHEDULE

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|---|---|
| Name of the Post  | :- Optometrist  |
| 2. Number of the Post(s)  | :- 52 (fifty two ) plus additional posts as and when created  |
| 3. Classification   | :- Group – B, Non-Gazetted  |
| 4. Scale of Pay   | :- Pay Level –11 under Tripura State Civil Services (Revised Pay) Rules, 2018, read with its amendment(s) subject to revision from time to time.  |
| 5. Method of recruitment whether by direct recruitment or by promotion or by transfer on deputation and percentage of the vacancies to be filled by various methods | <p>i) 100% by direct recruitment. Selection will be through Competitive Examination (Written Examination- 85 % marks and the Interview 15% marks) to be conducted by Institutions/ Board constituted by the Govt. as per the New Recruitment policy vide no. F.20(1)-GA(P&amp;T)/18, dated 5<sup>th</sup> June 2018, read with the subsequent Notifications of even no. dated 29<sup>th</sup> October 2020, and 17<sup>th</sup> February, 2021.</p> <p>ii) Syllabus is enclosed at Annexure-A</p> |
| 6. Age limit for direct recruitment   | :- 18 to 40 years. Upper age limit relaxable by 5 years for SC, ST, PH, Ex-serviceman and Government Servants.  |
| 7. Education and other Qualifications required for direct recruitment   | <p>:- 1. H.S(+2 Stage) in Science passed from any recognized institute and</p> <p>2. 2 (two) years Diploma in Optometry / Ophthalmic Assistant Course from an institute recognized by AICTE/UGC/Govt. recognized Board</p> <p>Or</p> <p>3. Bachelor in Optometry / Bachelor in Ophthalmic Assistant from an Institute recognized by AICTE/UGC/ Govt. recognized Board.</p> <p>4. Desirable qualification: Knowledge in Bengali or Kokborok.</p>   |

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|--|---|
| 8. Whether age and educational qualifications prescribed for direct recruits will apply in case of promotion                         | Not applicable  |
| 9. Whether Selection post or Non-selection post  | :- Selection post.  |
| 10. Period of probation, if any  | :- 2(two) years   |
| 11. In case of recruitment by promotion / transfer on deputation, grades from which promotion / transfer on deputation is to be made | :- Not applicable   |
| 12. If a DPC exists, what is its composition?  | :- Not applicable   |
| 13. Circumstances in which TPSC is to be consulted in making recruitment   | :- Not applicable   |
| 14. Repeal   | :- Existing Recruitment Rules for the post of Ophthalmic Assistant under Health & Family Welfare Department, Government of Tripura Notification No.F.2(3-29)-MS/Estt/89dated 12-11-1991 shall stand repealed. |

  
Under Secretary to the  
Government of Tripura



<b>SYLLABUS FOR OPTOMETRY</b>	
<b>Total Marks -85</b>	
<b>1. Anatomy and Development of Eye</b> <b>A) Anatomy of the Eye</b> <ul style="list-style-type: none"> <li>➤ The Eye ball</li> <li>➤ Visual path way</li> </ul> Extra ocular muscle and appendaged of the eye <b>B) Development of the Eye</b> <ul style="list-style-type: none"> <li>➤ Formation of the optic vesicle and optic stalk</li> <li>➤ Formation of the lens vesicle</li> <li>➤ Formation of the optic cup</li> <li>➤ Changes in the associated mesoderm</li> <li>➤ Development of various ocular structure</li> </ul>	<b>10) Disease of the Retina</b> <b>A) Applied anatomy</b> <b>B) Congenital and developmental disorder</b> Inflammatory disorder <ul style="list-style-type: none"> <li>➤ Retinitis</li> <li>➤ Per phlebitis retina</li> </ul> Retinal vascular disorder <ul style="list-style-type: none"> <li>➤ Central retinal artery occlusion</li> <li>➤ Retinal Vein occlusion</li> <li>➤ Diabetic retinopathy</li> <li>➤ Hypertensive retinopathy</li> </ul> <b>D) Dystrophies and degerative condition of retina</b> Macular disorder Retinal detachment
<b>2. CLINICAL METHOD IN OPHTHALMOLOGY</b> <b>A) History and examination</b> <ul style="list-style-type: none"> <li>➤ History</li> <li>➤ General physical and systemic examination.</li> <li>➤ Ocular Examination.               <ul style="list-style-type: none"> <li>– Testing of visual Acuity</li> <li>– External ocular examination</li> <li>– Fundus Examination.</li> </ul> </li> </ul> <b>B) Technique of ocular examination and Diagnostic test</b> <ul style="list-style-type: none"> <li>➤ Oblique illumination</li> <li>➤ Tonometry - Schiotz - Applanation - NCT</li> <li>➤ Transillumination</li> <li>➤ Ophthalmoscopy : Direct</li> <li>➤ Fundus exacerbatation by focal illumination</li> <li>➤ Perimetry</li> <li>➤ Fundus fluorescein angiography</li> <li>➤ Electro retinography and visual evoke potential</li> <li>➤ Ultasonography</li> <li>➤ Synaptophore</li> </ul>	<b>11) Vision and neuro -ophthalmology</b> <b>A) Applied anatomy and physiology</b> <ul style="list-style-type: none"> <li>➤ Anatomy of visual path way</li> <li>➤ Neurophysiology of visual function</li> </ul> <b>B) Lesion of the visual path way</b> <b>C) Pupillary reflexes and their abnormalities</b> <b>D) Disease of the optic nerve</b> <ul style="list-style-type: none"> <li>➤ Congenital anomay</li> <li>➤ Optic neuritis</li> <li>➤ Anterior ischemic optic neuropathy</li> <li>➤ Papilloedema</li> <li>➤ Optic atrophy</li> </ul> <b>E) Symptomatic disturbances of vision</b> <ul style="list-style-type: none"> <li>➤ Night blindness</li> <li>➤ Day blindness</li> <li>➤ Colour blindness</li> <li>➤ Amblyopia</li> <li>➤ Malingering</li> </ul>

**C) Special evaluation scheme**

- Evaluation of a case of Glaucoma
- Examination of a case of squint
- Evaluation of a case of epiphora
- Evaluation of a case of dry eye
- Evaluation of a case of proptosis
- Determination of refractive error.

**3 OPTICS AND REFRACTION**

**A) Optics**

- light
- Geometric of optics
- Visual Optics

**B) Error of refraction**

- Hypermetropia
- Myopia
- Astigmatism
- Anisometropia
- Aniseikonia

**C) Anomalies of accommodation**

- Presbyopia
- Insufficiency of accommodation
- Paralysis of accommodation
- Spasm of accommodation

**D) Determination of error of refraction**

- Subjective refraction
- Objective refraction

**E) Spectacle and contact lenses**

- Spectacle
- Contact lenses

**4. Disease of the conjunctiva**

**A) Applied Anatomy**

- Parts
- Structure
- Gland

**Inflammation of conjunctiva**

- Infective Conjunctivitis

-Bacterial

-Viral

-Chlamydial

- Allergic conjunctivitis
- Granulomatous conjunctivitis

**Degenerative condition**

-Pinguecula

-Pterigium

-Concretion

**Symptomatic condition**

- Hyperaemia
- Chemosis
- Echymsis
- Xerosis
- Discolouration

**D) Cysts and tumours**

- Cyst of conjunctiva
- Tumour of conjunctiva.

**A) Anatomy and physiology of ocular muscle**

- Extra ocular muscle
- Ocular motility

**Binocular single vision**

- Definition
- pre-requisites

**Strabismus**

- Definition and classification
- Evaluation of a cases
- Pseudo strabismus
- Heterophoria
- concomitant strabismus
- Incomitant strabismus

**Nystagmus**

- Physiological
- Sensory deprivation
- Motor imbalance.

**13) Disease of the Eyelids**

**Applied anatomy**

**Congenital anomalies**

**Inflammatory disorder**

- Blepharitis
- Chalazion
- Hordeolum internum
- Moluscum contagiosum

**E) Anomalies in the position of lashes and lid margin**

- Trichiasis
- Entropion
- Ectropion
- Symblepharon
- Ankyloblepharon
- Blepharophimosis
- Legophthalmos
- Blepharospasm
- Ptosis
- Tumour
- Injuries

**14) Diseases of the lacrimal apparatus**

**Applied anatomy**

**The Tear film**

**Dry eye**

-Sjogren Syndrome

-Steven johnson syndrome

**C) The watering eye**

**Dacrocystitis**

- Congenital
- Acute dacrocystitis
- Chronic dacrocystitis
- Surgical technique of OCR and OCT

**Swelling of the lacrimal gland**

**Oacroadenitis**

- Tumour

<p><b>5) Disease of the cornea</b></p> <p><b>A) Anatomy and Physiology</b></p> <ul style="list-style-type: none"> <li>➤ Applied anatomy</li> <li>➤ Applied Physiology</li> </ul> <p><b>B) Congenital anomaly and inflammation of the cornea</b></p> <ul style="list-style-type: none"> <li>➤ Infective keratitis- Bacterial, Viral, Fungal</li> <li>➤ Non infective keratitis</li> </ul> <p>-Superficial</p> <p>-Deep</p> <p><b>Corneal degeneration</b></p> <ul style="list-style-type: none"> <li>➤ Age related</li> <li>➤ Pathological</li> </ul> <p><b>Corneal Dystrophy</b></p> <ul style="list-style-type: none"> <li>➤ Anterior dystrophies</li> <li>➤ Stromal dystrophies</li> <li>➤ Posterior dystrophies</li> <li>➤ Ectatic dystrophies</li> </ul> <p><b>Abnormalities of corneal transparency</b></p> <ul style="list-style-type: none"> <li>➤ Corneal oedema</li> <li>➤ Corneal opacity</li> <li>➤ Corneal vascularisation</li> </ul> <p><b>Keratoplasty</b></p> <p><b>6. Diseases of the uveal tract</b></p> <p><b>A. Applied anatomy</b></p> <ul style="list-style-type: none"> <li>➤ Iris</li> <li>➤ Ciliary body</li> <li>➤ Choroid</li> </ul> <p><b>B. Congenital anomalies and inflammation (Uveitis)</b></p> <ul style="list-style-type: none"> <li>➤ General consideration</li> <li>➤ Iris coloboma</li> <li>➤ Anterior uveitis</li> <li>➤ Intermediate Uveiti</li> <li>➤ Posterior Uveitis</li> <li>➤ End ophthalmitis, Pan ophthalmitis</li> </ul> <p><b>Specific clinic- etiological type of uveitis</b></p> <p><b>C) Degenerative condition</b></p> <ul style="list-style-type: none"> <li>➤ Of Iris</li> <li>➤ Of Choroid</li> </ul> <p><b>D) Tumours</b></p> <ul style="list-style-type: none"> <li>➤ Of Choroid</li> <li>➤ Of Ciliary body</li> <li>➤ Of Iris</li> </ul> <p><b>7) Disease of the lens</b></p> <p><b>A) Anatomy and physiology</b></p> <ul style="list-style-type: none"> <li>➤ Applied anatomy</li> <li>➤ Applied Physiology and biochemistry</li> </ul> <p><b>B) Cataract</b></p> <ul style="list-style-type: none"> <li>➤ Congenital and developmental cataract</li> <li>➤ Acquired cataract</li> <li>➤ Management of cataract</li> </ul>	<ul style="list-style-type: none"> <li>➤ Encysted mucosal</li> </ul> <p><b>15) Disease of the orbit</b></p> <p><b>A) Applied anatomy</b></p> <p><b>B) Proptosis</b></p> <ul style="list-style-type: none"> <li>➤ Classification</li> <li>➤ Cause</li> <li>➤ Investigation</li> </ul> <p><b>C) Enophthalmos</b></p> <p><b>F) Developmental anomalies of the orbit</b></p> <p><b>D) Orbital inflammation</b></p> <ul style="list-style-type: none"> <li>➤ Preseptal cellulites</li> <li>➤ Orbital cellulites</li> <li>➤ Cavernus sinus thrombosis</li> </ul> <p><b>Graves' ophthalmoplegia</b></p> <ul style="list-style-type: none"> <li>➤ Thyrotoxic Exophthalmoses</li> <li>➤ Thyrotrophic exophthalmoses</li> </ul> <p><b>Orbital tumour</b></p> <p><b>Blow out fractures</b></p> <p><b>16) Ocular injuries</b></p> <p><b>A) Mechanical injuries</b></p> <ul style="list-style-type: none"> <li>➤ Extra ocular foreign bodies</li> <li>➤ Blunt trauma</li> <li>➤ Penetrating injuries</li> <li>➤ Perforating injuries with RIOFB</li> <li>➤ Sympathetic ophthalmitis</li> </ul> <p><b>B) Non mechanical injuries</b></p> <ul style="list-style-type: none"> <li>➤ Chemical injuries</li> </ul> <p>-</p> <p>-Acid burn</p> <p>-Alkali burn</p> <ul style="list-style-type: none"> <li>➤ Thermal injuries</li> <li>➤ Electrical injuries</li> </ul> <p><b>17) Basic principle of ocular therapy</b></p> <p><b>A) Ocular pharmacotherapy</b></p> <ul style="list-style-type: none"> <li>➤ Mode of administration</li> <li>➤ Anti bacterial agent</li> <li>➤ Anti viral agent</li> <li>➤ Ocular anti fungal agents</li> <li>➤ Mydriatics and cycloplegics</li> <li>➤ Anti glaucoma drugs</li> </ul> <p><b>Cortico steroids</b></p> <ul style="list-style-type: none"> <li>➤ Non steroidal anti inflammatory drugs</li> <li>➤ Viscoelastic substances</li> </ul> <p><b>B) Basic of ophthalmic surgery</b></p> <ul style="list-style-type: none"> <li>➤ Essential equipments for ophthalmic operation theater</li> <li>➤ Ophthalmic instruments</li> <li>➤ Sterilization</li> <li>➤ Anaesthesia for ocular surgery</li> <li>➤ Ocular operation.</li> </ul> <p><b>18) Systemic ophthalmology</b></p> <ul style="list-style-type: none"> <li>➤ Nutritional deficiency</li> </ul> <p>- Xerophthalmia</p>
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<p><b>C) Surgical technique of cataract extraction</b></p> <ul style="list-style-type: none"> <li>➤ Intracapsular extraction</li> <li>➤ Extracapsular extraction</li> <li>➤ Small incision cataract surgery</li> <li>➤ Phacoemulsification technique for cataract surgery</li> <li>➤ Intraocular lens implantation</li> <li>➤ Complication of cataract surgery and management</li> <li>➤ Different technique of IOL calculation</li> <li>➤ A scan, keratometry</li> </ul> <p><b>D) Displacement of lens</b></p> <p>Subluxation</p> <p>Dislocation</p> <p><b>8) Glaucoma</b></p> <p><b>Anatomy and Physiology</b></p> <ul style="list-style-type: none"> <li>-Applied anatomy</li> <li>-Applied physiology</li> </ul> <p><b>Nomenclature and classification</b></p> <p><b>Congenital glaucoma</b></p> <p><b>Primary open angle glaucoma</b></p> <ul style="list-style-type: none"> <li>➤ Ocular hypertension</li> <li>➤ Normal tension glaucoma</li> </ul> <p><b>Primary angle closure glaucoma</b></p> <ul style="list-style-type: none"> <li>➤ Latent glaucoma</li> <li>➤ Intermittent glaucoma</li> <li>➤ Acute congestive glaucoma</li> <li>➤ Chronic angle closure glaucoma</li> <li>➤ Absolute glaucoma</li> </ul> <p><b>Secondary glaucoma</b></p> <p><b>Surgical procedure of glaucoma</b></p> <p><b>9) Disease of the Vitreous</b></p> <p><b>Applied anatomy</b></p> <p><b>Vitreous liquefaction</b></p> <ul style="list-style-type: none"> <li>➤ Vitreous detachment</li> <li>➤ Vitreous opacities</li> <li>➤ Developmental</li> <li>➤ Inflammatory</li> <li>➤ With liquefaction</li> <li>➤ Amyloid degeneration</li> <li>➤ Asteroid hyalosis</li> <li>➤ Synchysis Scintillans</li> </ul> <p><b>E) Vitreous haemorrhage</b></p>	<p><b>ic disorder</b></p> <p><b>19) Community ophthalmology</b></p> <p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>➤ Blindness and its causes</li> <li>Definition of blindness</li> <li>➤ Magnitude of blindness</li> <li>-Global blindness</li> <li>-Blindness in India</li> <li>➤ Cause of blindness</li> <li>-Global blindness</li> <li>-Blindness in India</li> </ul> <p><b>C) Prevention of blindness</b></p> <ul style="list-style-type: none"> <li>➤ At global level</li> <li>➤ National program for control of blindness</li> </ul> <p><b>-Objective</b></p> <p><b>-Plan of action and activities<sup>12</sup></b></p> <p><b>-Program organization</b></p> <p><b>-Assistance to NPCB</b></p> <ul style="list-style-type: none"> <li>➤ Strategies for prevention in relation to common cause of blindness</li> </ul> <p><b>C) Rehabilitation of blind</b></p>
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*Amh 26/05/2023*  
Under Secretary to the  
Government of Tripura